



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

Peter F. Kilmartin, Attorney General

Consumer Protection Unit
150 South Main Street · Providence, RI 02903
(401) 274-4400 · TDD (401) 453-0410

COMPANY INFORMATION:

Company/Business _____
Address _____
City/State/Zip _____
Phone _____ Salesperson/Owner _____
Electronic Mail (e-mail) _____

CONSUMER INFORMATION:

Your Name _____
Address: _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Electronic Mail (e-mail) _____

In the space below briefly explain the nature of your complaint. Describe events in the order in which they occurred, giving dates where possible. Explain any actions you took. List only essential and important facts. PLEASE ENCLOSE COPIES OF ANY INVOICE, CANCELLED CHECKS, OR RELEVANT DOCUMENTS WHICH WILL ASSIST US WITH RESOLVING YOUR COMPLAINT. (If space below is insufficient, please attach separate sheets).

DATE OF OCCURRENCE _____ AMOUNT INVOLVED _____

Was any contract signed? _____ (IF YES, attach a copy).

Have you hired an attorney on this matter? _____

PLEASE COMPLETE ALL THE INFORMATION ON THE OTHER SIDE OF THIS FORM

1. Have you informed the company about your complaint?

Yes_____ No_____ If Yes, when?_____

By mail?_____ By telephone?_____ In person?_____

Did you receive a response? Yes_____ No_____

If written response, please attach a copy.

If oral response, please explain it
briefly below.

2. To resolve this complaint, what are you seeking from the company?

3. Have you contacted any other government/consumer agency?_____ Yes_____ No

If YES, whom did you contact?_____

When did you contact them? _____

What was the outcome?_____

(Please note that we may contact the agency you have indicated above in order to determine what action they have taken).

STATEMENT

I wish to file a complaint against the company listed in this complaint form. A copy of this complaint may be sent to the company. I understand that the Attorney General does not act as a private attorney representing the interest of any particular individual. If appropriate, any action this Department initiates is on behalf of the public and in the name of the State of Rhode Island.

SIGNATURE_____

DATE_____